

THE EMERGENCY FOOD ASSISTANCE PROGRAM MONTHLY INVENTORY REPORT

NAME OF ORGANIZATION: _____ DATE: _____

PROGRAM COORDINATOR: _____ COUNTY: _____

PHONE NUMBER: _____ REPORT MONTH FOR: _____

(Areas A, B, C, D, E, and F are to be completed for whole case amounts only.)

	(A) BEGINNING BALANCE	(B) PRODUCT RECEIVED	(C) TOTAL A&B	(D) PRODUCT ISSUED	(E) *FOOD LOSS	(F) ENDING BALANCE
CODE #						
USDA DONATED FOOD NAME / PACK SIZE						
Totals						

Fwd. to Expenditure & Request for Funds - line

*FOOD LOSS: (circle reason) in shipping stolen spoiled destroyed

TOTAL POUNDS LOST: _____

ACTION TAKEN: _____

ESTIMATE OF REIMBURSEMENT COST: _____

TOTAL DISTRIBUTION COST: _____

Public/mass distribution: _____

Food pantry distribution: _____

The above information is complete and correct to the best of my knowledge and is in compliance for program requirements.

Signature, Program Coordinator: _____ Date: _____

Area within border to be completed by Subgrantee Agencies Only

ESTIMATE OF UNPAID COST: _____

ESTIMATE OF VOLUNTEER HOURS: _____

SOUP KITCHENS: _____

Total individuals served _____

Complete this form on or after the last day of the month and submit with a completed Statement of Expenditures and Request for Funds if applicable to Commodity Distribution no later than the 25th of the following month. Mail to: Commodity Distribution, P O Box 1437, Slot S 337, Little Rock, AR 72119-1437